METAMORPHOSIS OF THE ENZI-NELSON BILL (S. 1955)
From Introduction to the Senate Floor

S. 1955 (as introduced)	S. 1955 (as passed by Committee)	S. 1955 (on Senate floor)
SBHPs could contract with a carrier licensed only in the state of domicile then sell in any other state.	SBHPs must contract with a carrier licensed in every state in which they operate.	Same
The DOL could automatically approve SBHP applications if they fit in a certain class.	The DOL may not allow automatic class approval, but an SBHP may be deemed approved if DOL does not act within 90 days.	Same
SBHPs would only provide information to states in which a high percentage of their members resided.	SBHPs must provide information to every state in which they operate.	Same
SBHPs would be rated separately from the rest of the state's small group pool.	Same	Same
Only mandates approved in 45 or more states would be required to be provided in or out of the SBHP.	Carriers to offer a benefit package that does not include all state mandates must also offer a "high" option that includes the benefits in the State Employee Plans of the largest states.	Amendment: Only mandates approved in 26 or more states would be required to be provided in or out of the SBHP.
Only state small group rating rules that were identical to the NAIC 1993 model would be preserved.	Same	Amendment: States must allow for variation in small group rates of 3:1 based on age, health, experience or duration and 5:1 based on all factors and characteristics.
All state access, solvency, consumer protection, mandate and rating laws would be harmonized by a board.	The Board (which NAIC members chair and co-chair) would harmonize: rate and form filing; internal review; market conduct review; and prompt pay rules.	Amendment: States will have three years to establish standards and implement harmonized rules for: rate and form filing; internal review; market conduct review and prompt pay. If the number of states representing 75% of health insurance premiums do not adopt the standards, then the Board (still chaired by Comissioners) will set the standards.
Carriers in a non-adopting state could sue the state for "monetary damages."	Carriers in a non-adopting state could sue for "injunctive and equitable relief."	Same
Mandate and rating reforms applied to the individual, small group and large group markets.	Mandate reforms apply to all markets. Rating reforms only apply to small group market – SBHPs may not violate state access and rating rules for self-employed participants.	Amendment: Mandate reforms only apply to small and large group markets. Rating reforms only apply to small group market.

Minimum Coverage Mandates:

As Introduced: (45-state standard) Mammography, Alcohol Abuse Treatment, Chiropractors, Optometrists, Diabetic Supplies, Emergency Services. Plus federal requirements: Breast Reconstruction, Mental Health Parity (federal), Minimum Maternity Stay after C-Section.

Committee: Low – no mandates, but must also offer "high" option. High – must include benefits/providers covered in a state employee plan in one of the five largest states (CA, NY, FL, TX, IL). NOTE: cost-sharing set by the carrier.

Senate Floor: (26-state standard) same as "as introduced" plus, Mental Illness, Diabetes, Off-Label Drug Use, Immunizations, Metabolic Disease, Substance Abuse, Prostate Screening, Psychologists, Dentists, Podiatrists. In addition, state anti-discrimination laws are preserved.

ENZI/NELSON BILL ANALYSIS
IMPACT ON STATE RATING RULES

States that would not meet the 3:1 minimum ratio for health-related factors (8):

MA (2:1); MD (2.33:1); ME (1.5:1); MI (2.64/2.08); NJ (2:1); NY (1:1); OR (2.5:1); VT (1:1)

States that would not meet the 5:1 minimum ratio for allowed factors (10):

MA (3:1); MD (2.33:1); ME (4.2:1); MI (3.96/3.12); ND (4:1); NH (3.5:1); NJ (2:1); NY (1:1); OR (3.2:1); VT (1:1)